

SC396813

Chailey Heritage Foundation

Monitoring visit

Inspected under the social care common inspection framework

Information about this children's home

This setting is owned by a charity and is registered to accommodate up to 27 children who have profound physical disabilities, sensory impairments and complex medical needs, including, in some cases, learning disabilities. On site is a non-maintained special school catering for children and young people aged three to 19 years. Adults receive residential care in Care Quality Commission-registered homes on the same site. A team of nurses, therapists and specialists, provided by Sussex Community Foundation Trust, is also based on site and provides medical support.

The manager has been registered with Ofsted since October 2016.

Inspection date: 27 May 2020

This monitoring visit

This monitoring visit took place due to concerns from the independent visitor's reports and other feedback received by Ofsted. The concerns related to unexplained bruising on children, errors in the administration of medication, high levels of agency use having an impact on the quality of care and a waking night staff member found to be asleep on some occasions.

This inspection took place by contacting the provider and completing inspection activity on the telephone. This was due to the current COVID-19 (coronavirus) restrictions. The requirements from the last inspection have not been reviewed. Additional requirements, resulting from this inspection, have also been raised. These relate to the protection of children and leadership and management. Progress against all requirements will be reviewed at a future inspection.

Inspectors requested a range of documents as part of the monitoring visit. These were provided in a secure way to enable the inspectors to analyse the information.

The responsible individual and the registered manager were both present during the inspection and were spoken to via video calls.

Some children living at this home and those who stay for short breaks have on occasion had unexplained bruising or marks. Records checked by inspectors showed that investigations are undertaken to identify the source of any marks by tracing the child's movements around the provision and, where appropriate, by speaking to the child's parents or carers. In some cases, equipment has been identified as a possible source of bruising and has been fully reviewed in order to minimise future bruises. There have been no patterns or serious concerns arising from these investigations. The safety committee provides an additional layer of scrutiny by sampling these investigations.

There have been four occasions when one staff member has been found asleep during the night, dating back to February 2019. Staff did not take immediate action on these occasions, which had a further impact on the safety of the children who should have been receiving one-to-one support during the night. Consequently, the failure of staff to follow the home's own safeguarding and whistleblowing policies and procedures caused unnecessary delays in leaders and managers taking action.

Feedback from parents is variable. Poor communication from leaders and managers is a strong theme that contributes largely to their dissatisfaction. At times, poor communication between staff has contributed to the children receiving inconsistent care. Efforts to liaise with some parents have been poorly thought out. As a result, several parents and carers have stated that they have lost faith in the leaders and managers.

Staffing has been a cause for concern for leaders and managers. Staff turnover has consistently ranged between 10 and 12% over the last year. Senior leaders and managers are very aware of the impact of the staffing challenges. They are reviewing the services provided to enable improved staffing in all residential units. Despite a comprehensive recruitment programme, staffing vacancies remain high. This results in the high usage of agency and bank staff. However, the current situation, during which respite and short breaks have stopped, has enabled all residential units to be fully staffed by permanent care staff. In addition, the current use of agency staff has stopped. This means that the children are receiving consistent care delivered by staff they know. In addition, the number of medication errors and incidents have decreased as a result of this.

However, the current procedures for managing medication errors do not sufficiently allow for the registered manager to have suitable oversight. There is a lack of challenge from the registered manager in assessing the risk level of the errors and in the monitoring of any follow-up action needed by staff.

Current recording systems do not acknowledge or allow for the registered manager's responsibilities with regards to monitoring, reviewing and evaluating the medication errors. It is the quality assurance manager who liaises with the NHS nurses who

manage medication errors. Communication between the quality assurance manager and the registered manager takes place. However, the registered manager is not fully involved in all levels of this process. This hampers the manager's ability to fully monitor and effect change where required.

Staff morale has improved significantly over recent months. This is due, in part, to the increased visibility of the leaders and the registered manager on the residential units. The supervision of staff is a priority focus for leaders. However, there appears to be little oversight by the registered manager to ensure that all staff receive regular individual supervision time.

The responsible individual demonstrated a prior awareness of the issues raised during this inspection. She reflected that the current restrictions due to COVID-19 have allowed for some stabilisation in the service. For example, there is now no reliance on agency staff, and children no longer share bedrooms. There are plans to maintain these elements in the future and build on the positive factors learned during this time.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
13/08/2019	Full	Good
30/10/2018	Full	Good
01/11/2017	Full	Good
01/03/2017	Interim	Sustained effectiveness

What does the children’s home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Children’s Homes (England) Regulations 2015 and the ‘Guide to the children’s homes regulations including the quality standards’. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff</p> <p>assess whether each child is at risk of harm, taking into account information in the child’s relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>are familiar with, and act in accordance with, the home’s child protection policies;</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child’s health. (Regulation 12 (2)(a)(i)(iii)(v)(vi)(vii)(d))</p>	<p>12/07/2020</p>
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that—</p> <p>helps children aspire to fulfil their potential; and</p>	<p>12/07/2020</p>

<p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that the home’s workforce provides continuity of care to each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b)(2)(e)(f)(h))</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The requirements are that the individual has the appropriate experience, qualification and skills for the work that the individual is to perform. (Regulation 32 (1)(3)(b)(d))</p>	12/07/2020
<p>The registered person must complete a review of the quality of care provided for children (‘a quality of care review’) at least once every 6 months.</p> <p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p> <p>the quality of care provided for children;</p> <p>the feedback and opinions of children about the children’s home, its facilities and the quality of care they receive in it; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p> <p>After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review (‘the quality of care review report’).</p>	12/07/2020

<p>The registered person must—</p> <p>supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and</p> <p>make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1)(2)(a)(b)(c)(3)(4)(a)(b)(5))</p>	
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Recommendations

- Each child should have their own personal space which will usually be their bedroom. ('Guide to the children's homes regulations including the quality standards', page 16, paragraph 3.18)
- Restraint also includes restricting a child's liberty of movement. This includes, for example, changes to the physical environment of the home (such as using high door handles) and removal of physical aids (such as turning off a child's electric wheelchair). Restrictions such as these, and all other restrictions of liberty of movement, should be recorded as restraint 17. Some children, perhaps due to impairment or disability, may not offer any resistance, but such measures should still constitute a restraint. ('Guide to the children's homes regulations including the quality standards', page 47, paragraph 9.42)
- As set out in regulations 31–33, the registered person is responsible for maintaining good employment practice. They must ensure that recruitment, supervision and performance management of staff safeguard children and minimise potential risks to them. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.1)
- The registered person should have a workforce plan which can fulfil the workforce related requirements of regulation 16, schedule 1 (paragraphs 19 and 20). The plan should:
 - detail the necessary management and staffing structure, (including any staff commissioned to provide health and education), the experience and qualifications of staff currently working within the staffing structure and any further training required for those staff, to enable the delivery of the home's Statement of Purpose;
 - detail the processes and agreed timescales for staff to achieve induction, probation and any core training (such as safeguarding, health and safety and mandatory qualifications);

- detail the process for managing and improving poor performance;
- detail the process and timescales for supervision of practice (see regulation 33(4)(b)) and keep appropriate records for staff in the home.

The plan should be updated to include any new training and qualifications completed by staff while working at the home, and used to record the ongoing training and continuing professional development needs of staff – including the home’s manager. (‘Guide to the children’s homes regulations including the quality standards’, page 53, paragraph 10.8)

- 10.3 Registered persons have a key role in seeking to develop the home’s effective working relationships with each child’s placing authority and with other relevant persons which may include services, individuals (including parents), agencies, organisations and establishments that work with children in the local community, e.g. police, schools, health and youth offending teams (Regulation 5 – engaging with the wider system to ensure children’s needs are met). These working relationships will also be key to success in delivering the care planning standard. (Regulation 14)

Specifically find effective ways to engage the parents and carers of the children, including frequently updating them about the care their child receives and sensitive communication about any proposed changes to the service.

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children’s home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

Children’s home details

Unique reference number: SC396813

Provision sub-type: Residential special school

Responsible individual: Jackie Hall

Registered manager: Andrew Lewis

Inspectors

Sarah Olliver, social care inspector

Liz Driver, social care inspector

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